

### **Grant Application**

Please review the Local Records Program Grants Guidelines:

https://kdla.ky.gov/records/recmgmtservices/Documents/LRGrantGuidelines.pdf and consult with your *Regional Administrator* before completing this form. Attach three (3) written, itemized, <u>project bid proposals</u> for each project section. Please send the completed application to:

Nicole Bryan, Manager Local Records Branch Kentucky Department for Libraries and Archives P.O. Box 537 300 Coffee Tree Road Frankfort, Kentucky 40602-0537

## **Part A: Contact Information** Local Government Agency: Applicant Name: (Records Custodian) Applicant Title: Office Address: Phone Number: (Including area code) **Email Address:** Federal ID Number: Part B: Project Summary Total Funds Requested: \$ Please provide a complete description of the proposed project. Describe the project scope and the finished product(s). Explain why these records were selected for preservation and the proposed methods for handling the records. Describe the historical significance and relevance to the community.



#### **Plan of Work**

Please list preferred project vendor(s) for each section, vendor addresses, and vendor contact. (If not selecting lowest bid proposal, please attach a justification.)

Section 1			
Vendor:			
Vendor Contact:			
Vendor Address:		-	
Vendor Phone and Email:			
Purpose:			
Security Microfilming Digitization Conservation	Codification	Salary Equ	ipment/Supplies
Records	Date	Series	Cost
Quality Control (Add 12.5% of the microfilming cost)			
Total Cost			
Section 2 Vendor:  Vendor Contact:		-	
Vendor Address:			
Vendor Phone and Email:		-	
Purpose:			
Security Microfilming Digitization Conservation	Codification	Salary Equ	ipment/Supplies
Records	Date	Series	Cost
0 -11 0 -1 -1 (4 1 4 2 50) -5 (41 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -			
Quality Control (Add 12.5% of the microfilming cost)  Total Cost			
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Section 3 Vendor:							
Vendor Contact:			_				
Vendor Address:							
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Vendor Phone and Email:					· ·		
Purpose:							
Security Microfilming	Digitization	Conservation	Codifica	tion [	Salary	Equ	ipment/Supplies
	Records		Da	te	Ser	ies	Cost
Quality Control (Add 12 5)	0/ of the microfilm	aina aastl					
Quality Control (Add 12.5) Total Cost	% of the microfilm	iing cost)					
Section 4 Vendor:					-		
Vendor Contact:							
Vendor Address:					_		
					_		
Vendor Phone and Email:					-		
Purpose:							
Security Microfilming	Digitization	Conservation	Codifica	tion [	Salary	Equ	uipment/Supplies
	Records		Da	te	Ser	ies	Cost
Quality Control (Add 12.5) Total Cost	% of the microfiln	ning cost)					
TOLAL COST							

<sup>\*\*</sup>Please Attach Additional Sections, if needed\*\*



#### **Part C: Project Outcomes**

l.	How will this project ensure the preservation of and/or increase public access to these records? What benefit will this project be to your agency and community? How will you disseminate information about this project and its outcomes to the public?
2.	Did you consult with your Regional Administrator while completing this application? Yes No
3.	Can these records be removed from the office during the project?  Yes No N/A
1.	In what format do these records exist? Select all that apply.
	Paper
	Other:
5.	Can this project be completed within a single grant cycle (18 months)? Yes No (grant cycle for Salary grants is 50 weeks)
ŝ.	Additional information/comments:



Commitment of Local Government:

Explain your agency's commitment to a comprehensive records management program. Please detail how you office will contribute resources to this project and ensure project records are available to the public.		
Are these records stored in secure, fire resistant facilities, with proper security and supervision? Please explain.		
s access to these records in compliance with the state's Open Records Law (KRS 61.870-876)? Please explain.		



#### **Part D: Certification**

<u>Statement regarding expenditure of funds</u>: The applicant agrees that funds granted under the Local Records Program will be spent solely in accordance with the project description and budget statement presented in this application. The grant recipient acknowledges that any changes in the submitted plan of project work, funding, or length must be submitted in writing to, and approved in advance by, the Kentucky Department for Libraries and Archives.

Statement regarding archival and records management policies and procedures: The applicant agrees to comply with all policies, procedures, and standards deriving from Kentucky Revised Statutes, Kentucky Administrative Regulations, as well as the policies of the Kentucky Department for Libraries and Archives and the State Libraries, Archives, and Records Commission concerning management, preservation, reproduction, and storage of public records in addition to those dealing with the official recording of such records in government offices, whether on paper, microfilm, or other medium.

Statement regarding project status and financial expenditure reporting: The applicant agrees to submit biannual Project Status and Financial Expenditure Reports during the course of the project and at the end of the project as specified in the grant contract. The grant recipient also agrees to create a separate grant fund account, maintain separate financial and programmatic records on this project, and retain source documentation such as canceled checks, paid invoices, payrolls, or other accounting documentation, which would facilitate an audit as required by statute, regulation, or administrative procedure.

<u>Statement regarding continued records management and preservation support</u>: The applicant agrees to make budgetary allowance to continue the work begun by this project to better manage, preserve, and secure the current and future records of this agency. The applicant also recognizes that such an allowance is a necessary operating expense that must be budgeted for on a regular basis

<u>Statement regarding the Americans with Disabilities Act</u>: The applicant agrees to comply with the Title II provisions of the Americans with Disabilities Act and to submit to the Department, upon request, documentation that demonstrates compliance with the Title II requirements of the Americans with Disabilities Act.

<u>Statement regarding State and Local Procurement:</u> The applicant agrees that it has complied with all state and local procurement requirements to obtain bids as part of this application process.

Local Government Authorized Official Signature	Official Records Custodian Signature
Printed Name and Title	Printed Name and Title
Date	Date